
Section 2 How we Change for 2007

Do not rely on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 Benefits. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to this Plan

Your share of the non-Postal premium for enrollment code CK will increase by 44.2% for Self Only or 51.2% for Self and Family. Enrollment Code 6U will increase by 8.9% for Self Only and 8.9% for Self and Family.

The specialist office visit copayment for Rehabilitation, Speech, Occupational & Physical Therapy decreases from \$40 to \$20 per visit.

The Physician home visit copay increases from \$20 to \$40 per visit.

The copayment for inpatient admissions at a contracted facility inside our service area increased from “\$100 per day up to a maximum of \$500 per admission” to “\$150 per day up to maximum of \$750 per admission”.

The copayment for inpatient admissions at a contracted facility outside our service area increases from “\$200 per day up to a maximum of \$1000 per admission” to “\$300 per day, up to a maximum of \$1,500 per admission”.

The coinsurance for retail self-injectable and high technology drugs decreases from 25% to 20%, per prescription, not to exceed the out-of pocket maximum of 200% of annual premium per member .

The coinsurance for mail order (90 day supply) self-injectable and high technology drugs decreases form 25% per prescription to 20% per prescription, not to exceed \$3000 out-of pocket maximum per member per year.